V. S. No. 1.

N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF I ounty Washington



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

_St.;___Ward)

[It death occurred im a hospital or institution, give its NAME insteed of street and number.]

FULL NAME William Garon

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Color or RACE Single, Widower, Wildows ORDINORED ORDINORED (Write the word)	10 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	I HEREBY CERTIFY (That I attended deceased from
March 31, 1856 (Month) (Day (Year)	that I ast saw have ally on July 3 1919
7 AGE It LESS than	and that death occurred on the date stated above, at & M m.
5-8 yrs 4 mos 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Carcinma of tower
(a) Trade, profession, or particular kind of work	Jan + moth
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) / yrs mos ds.
BIRTHPLACE (State or country)	Secondary Marrahing Yelhauthy
10 NAME OF Samuell Jaron	(Signed) 4-9 Att fraction was 4 ds.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
C 12 MAIDEN NAME OF MOTHER .	TAL, SUICIDAL, of HOMICIDAL.
a militarion	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of death?
(Interment) Marque Garon	Former or usual residence.
(Address) Hayes wow Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 0. 1 2/ 9	Half way Markey ang 6 1914
Filed My G-1814 Aluny Ravis	20 UNDERTAKES ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," Marasgenital," "Sepile," etc.), "Dropsy," "Exhaustrop," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ture of the American Mcdical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For Vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

8226

WASHINGTON County.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Village or City HAGERSTOWN

NATIONAL BK BLDG: 1" Ward) (No. FIRST

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

CHARLES H. ALVEY

	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 5 5	WHITE	SSINGLE, MARRIED, WIDOWED, ORDIVORDE ARRIED (Write the word)	16 DATE OF DEATH August 26, (Month)	1914 , 191 (Year)
7 A C	39 yrs 3	28", 1875. (Day (Year) If LESS than 1 day, hrs. OR min.?	Allo 26 IN to Allo	26, 1914, 191 23, 1914 191 sd above, at 2p
(b) busi whi	dicular kind of work		Contributory Shock	***************************************
	(State or country) MARYLAN	D.	Secondary	idden mos, ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country) MARY		(Signed) Aug. 27, 20014 (Address) Hager *State the Disease Causing Death, Causes, state (1) Means of Injuny;	Saman, M. D.
PARE	12 MAIDEN NAME OF MOTHER MARY H 13 BIRTHPLACE OF MOTHER (State or country) MAR		TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the	s, Institutions, Transients,
	HE ABOVE IS TRUE TO THE BES (Informant) MRS. R. H.	T OF MY KNOWLEDGE	of deathyrs mos ds. State Where was disease contracted, If not at place of death? Former or Usual residence.	yrs, ds
i 6	(Address) S. PROSP ed 8/28-, 191 4 24	EUM Davis,	ROSE HILL CEMETERY 20 UNDERTAKER C. M. SUTER & SON	ADDRESS HAGERSTOWN MI

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospińal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomencla LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



BINDING ESERVE C MARGIN

Very 45 pinous OCCUPATION PHYSICIANS RECORD of statement PERMANENT EXACTLY tated Exa classified. 4 pe S should properly Ш AG INKsupplied. pe may certificate. 1 that 80 of back terms, UO plain Instructions Information DEATH IN of Item IL. Important. ы Every m

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred In a hospital or Institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) (Day) ORDIVORCEO I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory... (Secondary) 10 NAME OF FATHER BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS OF MOTHER (State or country At place In the yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. If not at place of death?. Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. material worked on may form part of the second For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," 6

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPEBAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as wbich surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For VIO-



OCCUPATION cla certificate. 50 back piain instructions 2

ACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH MARRIED. WIDOWED, (Mont) Month) (Day (Year) 7 AGE If LESS than t day hrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employar) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER / PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence important. 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in a hospital or lostitution. give its NAME Instead

St.:....Ward) of street and number.] MEDICAL CERTIFICATE OF DEATH

(Day and that death occurred on the date stated above, at..... *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSTY, state (1) MEANS OF INJURY; and (2) whether Accidental, OUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State _____ yrs. ____ mos. DATE OF BURIAL

200

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of agc. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubcreucisis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 2 1914 BUREAU. V.S. MARGIN

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[It death occurred is

mal

FULL NAME Muramed Cel	ild Bar give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
Remale The to Smale, winder, winder, winder, winder of the word)	16 DATE OF DEATH (Yours) (Day (Year)
Month (Day (Year)	17 I HEREBY CERNIFY, That vattended deceased from
7 AGE It LESS than t day,rs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.	The born
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Mary (our	Contributory Secondary
10 NAME OF Sulliance Barr.	(Signeral) (Ouration) yrs mos ds.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the Disease Causing Death of in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
(Informant) Allian Bars	If not at place of death?————————————————————————————————————
15 Filed 8/7-, 1914 Hay REGISTRAN	Lehew Stiller my Ming 7, 1914 20 UNDERTAKER ADDRESS ALL COLORS

V. S. No. 1.

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If more blanks are newled, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care statement. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tuberculesia of lungs, meninges, peritonaeum, etc., Caroin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlsearriage as "Puerperal septichaccause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease eausing death), 29 ds.; etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciture of the American Medical Association. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned (Recommendations on statement of For Vio-



PERMANENT BINDING 4 FOR UNFADING INK-THIS RESERVED MARGIN WITH PLAINLY,

WRITE

Filed.

No.

V. S.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD Every item c CAUSE OF I 0 ż

Village or City July (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from May 19, 1914, to any 14, 1914,
TAGE (Month) (Day (Year) (Year)	that I last saw here alive on Que of 1914 and that death occurred on the date stated above, at 10 km. The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) Frunce Gleorge Co., Va.	Contributory Viluoriary Luberculorias Secondary (Doration) yrs 6 mos ds.
FATHER V. John Willis Surley 11 BIRTHPLACE OF FATHER (State or country) South ampton Co. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Farcicelli go Israel , M. D. A 15 , 1914 (Address) Blige Redge Line of Accident Causes, state (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Southanisto Co.) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mis. O. G. Darrall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Lascade, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 191

agreeth If more blanks are needed, address State Registrar, 6 E. Franklin St, Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," Farmer or Planter, As examples: "Foreman," (0)

pueumonia"); Lobar pneumonia; Bronchopneumonia icsis of lungs, brospinal meningitis"); Diphtheria (avold use of fever (the only definite synonym is "Epidemic cercterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid meninges, unqualified, is indefinite): Tubercufcvcr peritonaeum, etc., (never report "Typhoid

> mus," Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of Never report



BINDING FOR RESERVED MARGIN

8. No.

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS PLAINLY; WITH WRITE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City the Lewin Blance	St.; Ward) [If death occurred I a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WISOWED, WISOWED, WISOWED, Wisowed, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 A HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than	that I last saw h Wallve on 1914 and that death occurred on the date stated above, at 5 17 mg
S OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which a profession.	The CAUSE OF DEATH* was as follows:
which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Baration) yrs mos ds.
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place
Informant, 7-2. Grove, (Address) Workerbro, A	If not at place of death? Fermer or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191
Filed	TO UNDERTAKER ADDRESS LADDRESS LA

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons gainfully employed, as At school or At home. minc, etc. fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc..

LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. -Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) "PUEEPERAL peritonitis," etc. tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion," Examples: For VIO-



PERMANENT

PHYSICIANS shou properly 000 back PLAINLY ATH in plain instructions WRITE A Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in .Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX MARRIED, WIDOWED. Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1914 to august (Year) Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at f dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ State yrs. ... mos. ... _ ds. Where was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations dnties of the honschold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. . been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Preeise statement of ocenpa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cercbrospinal ferer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid ferer (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

canse of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inauition," "Marasby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidentat drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Semile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... is less definite; avoid use of "Tnmor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under (secondary or intercurrent) "Dropsy," "Exhanstion," (name origin; "Can-State eause for the head Never report For VIO-



V. S. No. 1.

PHYSICIANS should state Very N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See Instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH

STATE OF MARYLAND Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

I chied of Color Cook Barto Ite.

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	
aug. 15, 1914.	, 191, to, 191,
(Month) (Day (Year)	that I last saw h
7 AGE if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work.	Lerd in Ultro
(b) General nature of industry, business, or establishment in which employed (or omployer)	Still Borns (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Secondary (Duration) yrs mos ds
10 NAME OF Charles B, Bast tter	(Signed) Of Manhaum, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Mailen NAME OF MOTHER	State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) Charles B. Bosteller	Former or usual residence
(Address) Hagerolown, a. D. 1, Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 8/15 1914 Humy Davis	Broadfarding, Md, august 16191 (1) 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neeness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," Laborer-Coal As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

state Very 6/3 should OCCUPATION PHYSICIANS RECORD statement RMANENT EXACTLY. Exact classified. 4 sh > properi CE K carefully supplied. may certificate. 80 0 pe back terms, should 00 piain instructions Information j DEATH WRITE See 10 Every item CAUSE OF Important. S

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.. Ilf death occurred in a hospital or institution give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED, MARRIED. Widow ORDIVORCED (Write the word) (onth) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Dant Know (Month (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) ... which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ___ mos. _ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?. Former or usual residence. BURIAL/OR REMOVAL (Address) .. DATE OF BURIAL 15 20 UNDERTAK ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal soptichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Com, thenia," "Anaemi mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. "Coutributory." by carbolic acid-probably suicidc. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) (Recommendations on statement of may be stated under the head (merely symptomatic), "Atrophy," "Convulsions," "Debility" ("Con-



Very pinous OCCUPATION PHYSICIANS 0 statement Exact tated classified. 0 proper supplied. pe may that it 20 10 back terms, pino ATH in plain instructions EAT See 0 Item L. 0 Important. ш Every

ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1914, to aug that I last saw h.henn alive on ... (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE , 191 (Address) Wage stown OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. State _____ yrs. ___ mos. __ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canlnjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Defility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase eausing affection need not be stated unless important. sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For vio-



N. B.-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN N. S. No. 1.

	sh, ove st; 1 Ward) St; 1 Ward) Salish Salish St; 1 Ward) Fit death occurre a hospital or institu give its NAME ins of street and nombe
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WILDOW OR DIVORCED (Write the word) 6 DATE OF BIRTH Cet 6 1936	16 DATE OF DEATH (Month) (Day) (Year 17 HEREBY CERTIFY, That I attended decessed fr (1914), to Aug. 1915
(Month) (Day) (Year) 7 AGE If LESS than day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	(Duration) 7 yrs. mos. 3
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Destance Stigue !
which employed (or employer)	(Signed) (Si
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Baston Gassetts. 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF OF MOTHER OTHER	(Signed) (Si

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease is a feetion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chrowlo oma. Sarcoma. etc., of . ture of the American Medical Association.) which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 ds.; HOT AIO.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1111

Village or Git War Hagerstand No. 2 FULL NAME AND LOUISA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 [If death occurred in a hospital or institution, give its MAME instead of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Foundle White of the word) 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, Wide the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
e date of Birth Oct 23, 834 (Month) (Day (Year)	that I test saw her alive on audg T, 1914,
7 AGE 19 yrs 9 mos 6 ds or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Cancer of Intestines
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Dyslutery. Secondary
10 NAME OF FATHER Flux Beard. 11 BIRTHPLACE OF FATHER (State or country) 12 Mary land. 12 Mary land.	(Signed) OPAGE CAUSING DEATH, or, in deaths from VIOLENT
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos. ds. State yrs, mos. ds
(Intermant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) The Second .	Where was disease contracted, if not at place of death? Former or usual residence
16 Filed 8/10-, 1914 Herry Davis	Flace of Bubial OR REMOVAL DATE OF BURIAL Sion Ch. Yard S. 1914. 20 UNDERTAKER ADDRESS 6 MSuler of M Hagenstown
If more blanks are needed, address State Regist	crar, 6 E. Franklin St., Balto., Requesting V. S. Fol.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has mine, etc. "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of State cause for Never report For vio-



PLACE OF DEATH 8238	STATE OF MARYLAND
much stones	CERTIFICATE OF DEATH
County / I and I	Registration Dist. No. 305,
Village or City Door Coro (No	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME auce Rebro	en Chambers give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Filmule 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED Write the word)	16 DATE OF DEATH (Youth) (Day (Year)
8 DATE OF BIRTH 200 184 1837	that I last saw h & A alive on Control of 1914,
(Month) (Day (Year) 7 AGE If LESS than	
8/ yrs. 8 mos /8 ds. 1 day,hrs. OR min.?	and that death occurred on the date stated above, at / / // // // The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or House - 1 Capan	Leval Xelilly
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs 3 mos — ds.
9 BIRTHPLACE (State or country) Frond	Secondary (Burnellon)
10 NAME OF James H. Chambers.	(Signed) (Suration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
MY 12 MAIDEN NAME OF MOTHER THE	**State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Monford	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Choles Stones for	Former or usual residence.
(Address) Conorle - Van	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Just of met De	20 UNDERTAKER ADDRESS
Filed LLGO, 1944 Cet. Melloon, H. V.	Jm. Fr. Bost. Bronsboro. Mid
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Loeomotive engineer For many occupations a single word or term on the who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion." State cause for Never report Ot



BINDING MARGIN RESERVED FOR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

County Washing In	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3
Village or City Big Spring (No. 7)	St.; Ward) St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, WIDOWEO, OR OIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 191
7 AGE 20 yrs. // mos. /8 ds. or min. ?	and that death occurred on the date stated above, at
SOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Much by lighting (buration) yrs mos ds.
9 BIRTHPLACE (State or country) Wash Co, Mol	Contributory. (Secondary) (Deration) yrs. yrs.
FATHER OUT 11 BIRTHPLACE OF FATHER OF FATHER OF MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Wash Co. Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds.
informant, Saurence Joull	Where was diseasa contracted, If not at place of death? Former or usual residence
(Address) 15 Pring VVa.	20 UNDERTAKER 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never, return "Laborer," If the occupation has Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever (never report "Typhoid Dneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septichnecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci--Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples: For vio-



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PHYSICIANS should of OCCUPATION IS PERMANENT EXACTLY classified. pino INK-THIS properly pe UNFADING may certificate. that 20 0 WITH back terms, pinode Lo piain instructions Information 2 PL EATH of 0 POF Important. CAUSE

Very

STATE OF MARYLAND

ADDRESS

1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [if death occurred in St.; Ward) a hospital or jostitution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day,.....hrs. OR ?mos......ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICINAL, OF HOMICIDAL. 12 MAIDEN NAME. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State Where was disease contracted. If not at place of death?-Former or usual residence REMOVAL DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the "Manager," "Dealer," ctc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthfui-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from ctc., when a definite disease can be ascertained as the ampie: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head of (Recommendations on statement of State cause for Never report For vio-



PERMANENT UNFADING

RECORD

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1 PLACE OF DEATH (No....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. Not

Ilf death occurred toWard) a hospital or lostitution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. State yrs. ____ mos. ___ _ ds. Where was disease contracted. If not at place of death?.... Former or usual residenco. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Epiton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never teturn Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Juanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustlon," State cause for Never report



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	of information should be carefully supplied. AGE should be stated EXACTLY. OF DEATH in plain terms, so that it may be properly classified. Exact statement	i. See instructions on back of certificate.
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. B.—Every Item CAUSE OF I

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S. No. 1

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PHYSICIANS shoul of OCCUPATION

RECORD

	VIIIage or CHY Haller S.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 0 / St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
,	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MIDOWED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH August 6 ,1914. Alonth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw harm allve on Rug 2 1914
	7 AGE It LESS than 1 dayhrs. ORmln.?	and that death occurred on the date stated above, at 10 A m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, dusiness, or establishment in which employed (or employer)		Julionary Tuberculoseo
		(Duration) 3 yrs. mos. ds.
s on back of certificate.	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER OF FATHER 2 Lauder 12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory & Thauslen Secondary (Doration) yrs mos. 5 ds. (Signed) M. M. D. (Signed) M. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
structions	13 BIRTHPLACE OF MOTHER (State or country) maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds

Where was disease contracted, If not at place ot death?

Former or usual residence

20 UNDERTAKER

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are eugaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons "Foreman," (1)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberenlesse of lungs, meninges, perilonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonilis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ratvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," lctanus) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State eause for Never report

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING W. S. No. 1.

PLACE OF DEATH 8243	STATE OF MARYLAND
county Washing Tan (10)	CERTIFICATE OF DEATH Registered No. 302
C. F.	Mellowell arge, 5 Ward) [If death occurred a hospital or instituting give its NAME insteed and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I strended deceased from
6 DATE OF BIRTH Skil 18 , 19/4 (Month) (Day) (Year)	aug. 16, 1914, to aug. 17, 1914
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that double over the date distance and it is a facility
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Molera Infantum,
business, or establishment in which employed (or employer)	Gontributory (Duratieo) yrs mos 2
9 BIRTHPLACE (State or country) Hagsstown Inch 10 NAME OF FATHER Jack B. Slists 11 BIRTHPLACE (State or country) York Pa 12 MAIDEN NAME OF MOTHER SOME AND OF MOTHER SOME AND AND AND OF MOTHER SOME AND AND AND OF MOTHER SOME AND	(Signed) (Bration) yrs mos M. (Signed) (Signed) (Address) House the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Just Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs, mos. ds, State yrs, mos. mos. where was disease contracted,
(Informant) Frank B. Lesty 42/ Louis Lowell on Hagerstown	If not at place of death? Former or usual residence
Filed 8/19- 1914 Heerry Davis	Rots Hill Hazuston aug 18 , 1919.
REGISTRAR	SKULCI Lownan Hagerstown harrar, 6 E. Franklin St., Balto, Requesting V. B. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubists of lungs, meninges, peritonaeum, etc.. Carcin-

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V. S. No. 1.

N. B.

WRITE

1 PLACE OF DEATH	8244	0	·V
washington	• ••	5	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.___

HAGERSTOWN Village or City

Count

215 SUMMER St.; 2" Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

UNNAMED CHILD OF EMANUEL & STELLA DIFFENDERFER FULL NAME....

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	MARRIED, WIDOWED,	16 DATE OF DEATH and 21, 1914 (Month) (Day (Year)
FE	MALE WHITE (Write the Confict E	(Month) (Day (Year)
-	TE OF BIRTH	8/20 11 8/22
	AUG. 20 ^{††} , 1 914 (Month) (Day (Year)	that I heat saw h 2 alive on 9/20 191 4
7 A	STILL BORN ds. or min.?	and that death occurred on the date stated book, atm, The GAUSE OF DEATH* was as follows:
(a)	Trade, profession, or NONE flourar kind of work	Prematers
bus	General nature of industry, ness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
9 81	RTHPLACE (State or country) MARYLAND.	Contributory Secondary (Duration) yrs mos ds
	10 NAME OF EMANUEL O. DIFFENDERFER	(Signed) (Signed), M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) MARYLAND.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER STELLA SHOPLEY	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) MARYLAND.	At place in the of death yrs mos ds. State yrs mos ds
	Informant) E. O. DIFFENDERFER	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) # 215 SUMMER STREET	ROSE HILL CEMETERY DATE OF BURIAL AUG. 21, 191 4
FII	ed 8/21, 191 4 Herry Barry	C. M. SUTER & SON HAGERSTOWN MD.
	- //	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE

OF MOTHER

ARENTS

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15

state Very



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

Village or City Playerstown (No. 36,	Elizatielle	st.; 2 Ward)	
	2/1 1	Diston	

a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from

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and that deat	th occurred on t	the date st	ated above, at	40	m,
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	11	(Duration))	mos.	ds.
(Signed)	Stell	ul_	ley	III U 3	
8/12	1	1	1 / -	/	M. D.
1 +01-1-11	; 191.5/ (Addi	ress)/.V	yen	leaning	uo

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL,

	OR RECENT RESIDENCE (FOR	R HOSPITALS, INSTITUTIONS, TRANSIENT	18
U	At place	in the	
	of death yrs mos d	ds. State yrs, mos t	18

Where was disease contracted,

If not at place of death? Former or

usual residence

REGISTRAR

OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St Malto., Requesting V. S. No.

3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH Mouth) (Day (Year) TAGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trede, profession, or particular kind of work. (b) General neture of industry. business, or establishment to which employed (or employer) -----9 BIRTHPLACE (State or country)

PERSONAL AND STATISTICAL PARTICULARS

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccte., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemja" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of



WRITE, PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF I

N. B.-

1 PLACE OF DEATH 8246 A luytore , Mayentone

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

(No. 35 Elyabetle St.; 2 War	
wed fahild Dison	

Ilf death occurred in a hospifal or Institution, give Ifs NAME Instead

	FULL NAME LILICALLE LAS	eld Aufon bi sireet and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Cale Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED COLULA (Write the word)	16 DATE OF DEATH Qug, 14, 191.4 (Month) (Day (Year)
	ATE OF BIRTH (Mogh) (Day (Year)	that I last saw h we alive on any 14, 1914.
7 A	GE If LESS fhan 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 10 4. m. The GAUSE OF DEATH* was as follows:
(a pa	CCUPATION) Trade, protession, or rticular kind of work	Trematin Buth.
bus	General nature of Industry, iness, or establishment in ich amployed (or amployar)	(Duration)
S	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 BIRTHPLACE OF FATHER (State or country)	(Signed) (Boration) yrs mos ds. (Signed) (Signed) (Address) Hargher ham 2nd
PARENT	13 BIRTHPLACE OF MOTHER (State or country) Mary Lay d	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs. mes. ds. State yrs. mes. ds
	(Informant) Jerry & Dy Duce	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	REGISTRAR	20 UNDERTAKER ADDRESS TOMES TOWN
	il more blanks are needed, address State Regis	trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1914
BUREAU, V.S.

No. 1. υĝ

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ACE should be stated EXACTLY. PHYSICIANS should properly classified. Exact statement of OCCUPATION is RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. PLAINLY, WITH WRITE

state DEATH in plain terms, so that it m See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms. s important.

1 PLACE OF DEATH County Mashinglino



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in

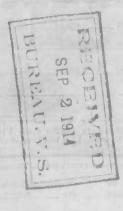
2FULL NAME A Souglas	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Juale Acolor OR RACE Single, Suigle MARRIED, Suigle ORDIVORCED ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Shorth (Day (Year)	that I last saw half alive on CCCCG. 3, 1914.
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at 12. m,
yrsds. ornin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Africal meningitis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) mos 3 ds.
9 BIRTHPLACE (State or country) Maryland	Secondary (Control of the Control of
10 NAME OF FATHER LINES Donney	(Signed) Delieno, dron, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
THE OF MOTHER mande Show	CAUSES, state (1) Means of Injury; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the ot death yrs. mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Mrs Mande Downey.	Former or usual residence.
(Address) Williamsport ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flichtig 14 1914 W. M. Reithard	20 UNDERTAKER ADDRESS
	strar, 6 E. Franklin St., Baito., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," cugineer, (7)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (mercly symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal schiichac etc., when a definite discase can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



PLACE OF DEATH 8248	STATE OF MARYLAND CERTIFICATE OF DEATH
County Mealington	Registered No. 30/
VIIIage or Walliamsky No. C	Oyet St; Ward) [If death occurred in a hospitat or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	18 DATE OF DEATH CREY. 21, 1914 (Month) (Day) (Year)
GDATE OF BIRTH Of 26 , 1914 Official (Nonth) (Day) (Year)	that I last saw her alive on aug 7 1914
7 AGE If LESS than 1 day,hrs. or	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country) Many Land	(Duration) yrs Z mos ds. Contributory Gaetro cuttivities (Secondary) (Docation) yrs mos ds.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	(Signed) Saller Reyllian , N. D. State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country). West Singuise 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Aug 23, 1914 6. E. Rickard If more blanks are needed, address State Registrar	Welleauspart Md Aug 23, 1914 20 UNDERTAKER White Man Skort Md 6 E. Franklin St., Balton Requesting V. 8 No. 1

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Carobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscia

ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or iscarriage, as "Purreral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure." "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Expapt neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailginjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (name origin: "Can-The nature of the Never report Examples:



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichecmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malk oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist, No. 302

STATE OF MARYLAND

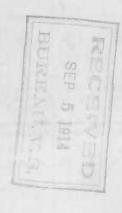
Vit	2FULL NAME Robert W Fol	[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
+	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ex 4 color or race 5 single, MARRIED, WIDOWED, ORDIVORCED Strigle (Write the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
	fune 22, 1914 (Month) (Day (Year)	that I last saw how alive on any 16, 1914
TA	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2.15 P.m., The CAUSE OF DEATH* was as follows:
pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work General nature of industry, einess, or establishment in ich employed (or employer)	(Duration) yrs mos ds.
	RTHPLACE (State or country) 10 NAME OF	Secondary (Duration) yrs mos ds.
TS	11 BIRTHPLACE OF FATHER OF FATHER	(Signed) W. M. Nepriser W. D. 8-14-, 1914 (Address) Hagen town Und
PARENT	(State or country) 12 MAIDEN NAME OF MOTHER 2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ш,	13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of deathyrs,mosds
	(Informant) Albut C. 7 My (Informant)	Where was disease contracted, if not at place of death? Former or usual residence.
1 6 FII	(Address) Hagentown Md ed 8-17-, 19t 4 Herry Registran	Deaner Creek Md 17, 191.4. 20 UNDERTAKER Worthway Mirried Hag Mld
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlsearriage as "Puerpeeal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) (Recommendations on statement of



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day (Year) 17 / I hereby certify. That I attended deceased from
that I last saw how after on
The CAUSE OF DEATH* was as follows: Translet forth of Ono Gestalian (Duration) YES MOS. ds.
Contributory Secondary (Duration) yrs mos ds. (Signed) , M. D.
State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. ds
Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAT DATE OF BURIAL 20 UNDERTAKER Walters Manne ADDRESS Hallers Manne ADDRESS

state Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

9.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) State cause for

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should of OCCUPATION PHYSICIANS RECORD properly classified. Exact statement PERMANENT EXACTLY. stated 4 pe IS should UNFADING INK-THIS AGE carefully supplied. may certificate. that it 80 50 PLAINLY, WITH pe See instructions on back terms, should DEATH in plain of information WRITE CAUSE OF important. m

Very state

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Cou

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

8 OCCUPATION (a) Trade, protession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

(b) General nature of Industry, business, or establishment in

· 1 PLACE OF DEATH 8252	STATE C
	CERTIFICA
nty Masso	CERTIFICA

F MARYLAND TE OF DEATH

Registration Dist. No. 303

.Ward)

fif death occurred in a hospital or institution. give Its NAME Instead of street and number. ?

²FULL NAME

WIDOWED, Willow

(Year)

it LESS than

.min. ?

1 dayhrs.

OWLEDGE

If more blanks are needed, address State Regis

REGISTRAR

ORDIVORCED (Write the word)

(Day

5 SINGLE.

MARRIED,

PERSONAL AND STATISTICAL PARTICULARS

(Month

4 COLOR OR RACE

which employed (or employer)

orveo
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day (Year)
17 I HEREBY CERTIFY, That I attended deceased fro
that I last saw h Lasa alive on 11 AM 191
and that death occurred on the date stated above, at 11,30ft
The CAUSE OF DEATH* was as follows:
Chronic Interstitul Plyhon
(Duration) 5 yrs. mos.
Contributory
Secondary
(Duration)mos
(Signed) Chas J. Mason, M.
Tang 13, 191 4 (Address) Clean pring)
*State the Disease Causing Death, or, in deaths from Violes Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
At place In the
ot death yrs mos ds. State yrs mos (Where was disease contracted, If not at place of death?
Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Lutheran Cemetery ling 15, 1916
20 PNDERTAKER ADDRESS CA
Mean of me
ar, 6 E. Frank St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication as Day laborer, Furm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manuger," "Dealer," etc., without more precise specition is very important, so that the relative healthfulof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Statement of occupation-Trecise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsious," "Deblifty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomencla-".Contributory." scpsis, tetanus) may be stated under the head of deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Problem. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," Never report For vio-



V. S. No. 1.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT properly classified. UNFADING INK-THIS IS DEATH in plain See instructions -Every Item Important.

STATE OF MARYLAND

ERTIFICATE	OF	DEATH
ERTIFICATE Registration	Dist.	NoB Q

1 PLACE OF, DEATH

County Of asking tow

[If death occurred in

FULL NAME afforma Gott	a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Staliano Single, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Mooth) (Day (Year)	that I last saw h AMalive on MC 3, 1914.
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12.30 Pm. The GAUSE OF DEATH* was as follows:
(e) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. & ds.
9 BIRTHPLACE (State or country) Mary land 10 NAME OF FATHER Louis Gattan	Secondary (Duration) yrs mos ds. (Signed) Lielardory, M. D. (Aldress) Lillerus fort ma
OF FATHER (State or country) Steely 12 MAIDEN NAME OF MOTHER CARSTURE Delinger	*Stote the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Laly 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, If not at place of death?
(Interment) Louis Yottone (Address) Williamspert Md	Former or usual residence. 1º PLACE OF BURIAL OR REMOVAL ATTEMPT DATE OF BURIAL Oracl 4. 191 4
Flied Aug 14 1914 L. C. Rickard	20 UNDERTAKER ADDRESS QUAL

REGISTRAR

If more blanks arc needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. Never return "Laborer," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-(b) Cotton mill; (a) Salesman, As examples: "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonacum, etc., Carcin-

nant ueoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a defiuite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inauition," "Maras genital," "Seuile," ctc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. ralvular heart disease; Chronic interstitiat nephritis, oma, Sarcoma, etc., of..... (name origin; "Can "Coutributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



8. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF I m ż

of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PLACE OF DEATH 8254



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

[if death occurred in a hospital or institution. give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	ale white 5 single, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH August 20, 1.9. (Monto) (Day (Yee	14 aug, 20, 1914, wang 20 -, 1914.
7 AG	E If LESS 1 day 4	The CAUSE OF DEATH & was as follows:
(a) 1 part	CUPATION Trade, profession, or icular kind of work	Guderloped - Hearl
busin which	General nature of Industry, less, or establishment in h employed (or employer)	(Duration) yrs mos ds.
BIF (State or country) Washington Co. M.	Gontributory Secondary
ENTS	11 BIRTHPLACE OF FATHER (State or country) W. Na. 12 MAIDEN NAME	No to the stand
0.	13 BIRTHPLACE OF MOTHER (State or country) M. Ma. HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS. OR RECENT RESIDENCE) At place In the of death yrs mos ds. Where was disease contracted,
	interment) Lewis Hasenbuhler	If not at place of death?————————————————————————————————————
	(Address) Hagerstoury Mrd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 5	8/21, 191 4 Herry Ray	Negerstour, Mid, aug. 2, 1914 20 UNDERTAKER ADDRESS HUYErstour, M.
	If more blanks are needed, address State	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic such, If impossible to determine definitely. Examples: mia," "l'uerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal scotichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertaized as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (seeondary), 10 ds. Never report "Contributory." Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1914 BURRENULV.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
Col	unty Washington	CERTIFICATE OF DEATH
001		Registration Dist, No. 362
Vill	age or City Halfinay (No. Near)	ager struce St.: Ward) [If death occurred in a hospital or institution,
	FULL NAME DERIL Hal	for give its NAME instead of street end number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M	4 COLOR OR BAGE SINGLE, MARRIED, Merried WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DA	(Month) (Day (Year)	that I last saw has allow on long 20th 1914
TAG	(-000)	and that death occurred on the date stated above, at 50 m The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or Government Legrice ticular kind of work	Exhaustine due to Ilis Chalilie
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) yrs. mos dis.
B!	10 NAME OF DAY	Secondary Yrs mes ds.
TS	11 BIRTHPLACE OF FATHER OF FATHER	(Signed) JU J. SCOTT , M. D. Queg V2, 191 # (Address) Hagerstown.
PARENTS	(State or country) Maryaus 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
1	13 BIRTHPLACE OF MOTHER (State or country) Majura	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds
	Informant Company Comp	Where wes disease contracted, If not at place of death? Former or usual residence.
15	(Address), Half May	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	d 8/22, 191 4 Houry Davis	20 UNDERTAKER ADDRESS ADDRESS AUTOMOTOR AND AUTOMOTOR ADDRESS
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Galto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as galnfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlsearrlage as "Puerperal" septichaccause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association. eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICOAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH egistration Dist. No Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, M 191 WIDOWED. (Year) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased fre 6 DATE OF BIRTH Leat W4 4 1914. Solle months alive on Varnal day a day (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE H., 1914. (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in Seaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs, ___ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?-Former or usual residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

REGISTRAR

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Kallo, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, For persons (4)

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in Ward) a hospital or institution. give its NAME Instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 23 (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day, hrs. DEATH* was as follows: min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ ds. State _____ yrs. ____ mos. _ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE It not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklip St. Balto., Requesting V. S. No. 1.

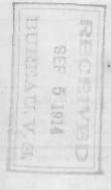
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Forcman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (4)

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the inus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Attophy," ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malleoma, Sarcoma, ctc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head of Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING N. S. No. 1.

	1. Mulberry St; H Ward) Source Registered No. [If death occur a hospital or Instigive its NAME in of street and numle
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Menth) (Day) (Yea
TAGE Comparison of BIRTH Comparison of	that I last saw h 5 k alive on aug/1 19 and that death occurred on the date stated above, at 100
© OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of lodustry, business, or establishment in which employed (or employer)	Contributory Claration F. C. Contributory (Secondary)
(State or country) Hagustown And 10 NAME OF FATHER Joseph H. Hoover 11 BIRTHPLACE OF FATHER (State or country) Wash les May	(Signed) (Daration) yrs mos. (Signed)
of Mother Laura E. Stryse 13 BIRTHPLACE OF MOTHER (State or country) Wash los Med. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Joseph No.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSITOR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos, mos, It not at place of death? Former or usual residence.
585(Address hulbersy Hazurlan Ind 16 Filed 5/15, 1814 Henry Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Ross Hill Haguston L. Mag. 15 , 18 20 UNDERTAKER SKILL FOUR AND HAGUSTON

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers statement. applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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8259 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 3/2 Ilf death occurred in St:----Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. ordivorced Mamy (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended dedeased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) 2 vrs. which employed (or employer) --9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 2,191 (Address) 1000 PARENT *State the DISEASE CAUSINO DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. ___ mos. __ State _____ yrs, __ Where was disease contracted. THE ABOVE IS It not at place of death? Former or usual residence. ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 2.



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Labbrer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional fine is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the nisease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred la a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month ORDIVORCEO (Write the word) (Day (Year) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH 893 1.60. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Buration) _____yrs. which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER (Signad) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEST CAUSES, state (1) Means of Injury, and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 0 BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country) State _____ yrs, ____ mos. yrs. mos. ds. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St Balto., Requesting V. S. No. 7.

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[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (6)

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nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichaecte, when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio-



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should OCCUPATION PHYSICIANS jo Exact statement PERMANENT EXACTLY. classified. onid properly INK supplied. pe UNFADING may certifical that 80 jo back terms, EATH in plain e instructions See 0 Item Every item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ill death occurred la a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PSEX S SINGLE. 16 DATE OF DEATH OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) Month) (Year) I HEREBY CERTIFY, That I attended DATE OF BIRTH (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, t dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) * tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or couptry At place of death _____ ds. State _____ yrs, ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO TH KNOWLEDGE if not at place of death? Former or (Intermant) usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," ."Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomenclais less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of



WRITE PLAINLY, WITH UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Every Item of Information should CAUSE OF DEATH in plain terms

RECORD

PERMANENT

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE DEATH

Registration Dist. No...

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[If death occurred in a hospital or institution, give its NAME instead ot street and number.]

FULL NAME Phariton Ki

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	20 , 1914 (Day (Year)
17 Aug / 191 to	Lug 20, 1914
	Jug 19,1914
The GAUSE OF DEATH* was as follows	
Mohcarum	
Gontributory Esthau Secondary	ushon s
(Signed) (Dyration) (Signed) (Address)	mos ds.
*State the Disease Causing Death, Causes state (1) Means of Injury; TAL, Suicidal, or Homicidal.	of, in deaths from VIOLENT and (2) whether ACCIDEN-
or RECENT RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place of death yrs. mos. ds, Where was disease contracted, It not at place of death?	
Former or Hagen	lowiol
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hagerstown, Mul.	ADDRESS

	PERS	ONAL AND	SIAIIST	GAL PA	RTICULA	RS
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B D	ATE OF BIR	ТН				
		Se	kt.	15,	(Day	, 1.8.7.5 (Year)
7 A	GE	38	. (1	mos,	5 ds.	It LESS than 1 day,hrs. ORmin.?
(a) pa (b) bus	CCUPATION) Trade, professi rticular kind of General nature liness, or esta ich amployed (o	on, or work	ray s	alo	rer	
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	10 NAME (P Han	meter	u i	ميدك	
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PARI	12 MAIDEN OF MC	NAME	mie	6	ramh	tou.
	13 BIRTHP OF MOT (State	LACE THER or country)	100	dusi-	lla	
	HE ABOVE	STRUE TO	٨	J J	KNOWL	EDGE

8. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the fication as Day laborer, Farm, laborer, Laborer-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecte,, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF IIOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association. eause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1914

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County Washington Village or City Haguston



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.___

VIIIage or City Hagustown (No.120, It Carrion arst, 4 Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH August 9, 72 , 1914 (Year)
6 DA	March 26, 1866. (Month) (Day (Year)	that I last saw helt alive on Club, - 9th, 1914.
7 AG	H 9 yrs 4 mos 13 ds. or min.?	and that death occurred on the date stand above, at 1. 2,35 mm. The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or House wife ticular kind of work House	Oprove Myocareales
busi whice	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributor Chronice Replace:
	10 NAME OF Cornelius R. Creager	(Signed) M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*Atate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
	Informant) Tud Lum	Where was disease contracted, If not at place of death? Former or usual residence.
15 File		PLACE OF BURIAL OR REMOVAL ROLL 20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) -Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent)



statement PERMANENT EXACTLY. Exact stated classified. pe IS should UNFADING INK-THIS properly AGE pe supplied. may carefully so that it WITH be of information should be DEATH in plain terms, See instructions on back PLAINLY, WRITE

of certificate.

OF Item Every Item CAUSE OF Important.

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PHYSICIANS should OCCUPATION IS

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RECORD

PLACE OF DEATH



REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 304

Mª. Cul		Ward)	a hospital of	occurred in or institution, AME instead nd number.]
ME	DICAL CERT	IFICATE OF	DEATH	
16 DATE OF DEATH	- (11	rej	30	., 191.
		Ion()	(Day	(Year) /
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Cing 3	1914,	to da	mo da	1 (B)
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and that death occu		//		100.
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THE CAUSE OF DE	AID - WES 8:	s follows:		
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(Signed)	XX	1/4	bles	M. I
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(eng31,19)	(Address)		anco	CAY K
*State the DIST CAUSES, state (1) TAL, SUICIDAL, or	EASE CAUSING MEANS OF HOMICIDAL.	DEATH, or, INJURY; an	in deaths frod (2) whether	om Violen er Acciden
16 LENGTH OF RES	BIDENCE (FOR	HOSPITALS,	INSTITUTIONS,	TRANSIENT
OR RECENT READ	ENTA)	In the		
of death yrs	mos d		yrs,	mos d
Where was disease cont	racted,		,	
If not at place of death?		1999-70 0 daministrates yspectyspect 9	** ** *********	***************************************
Former or				
usual residence				
19 PLACE OF BUR	AL OR REM	DVAL SHU	DATE OF B	URIAL
Dethel Chu	sch Miss	yand.	Defit	191
20 UNDERTAKER	50		ADDRESS	
n 7/	1	1	1	

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) TAGE if LESS than f day,.....hrs BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS

No. 202

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salcsman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations ou statement of "Dropsy," "Exhaustion," State cause for Never report For VIO-



-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN W. S. No. 1.

N. B.

PLACE OF DEATH 8264	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
County	Registered No. 30
Village or City Haguston (No. 42)	St; Hward) [If death occurred le a hospital er institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED. Welow ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH May 13, 1863. ((Year)	that I last saw here allve on and 23, 1914
7 AGE 5 / yrs 3 mos. / 0 ds. or	and that death occurred on the date stated above, at 10.3 cf.m. The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in front in fr	(Buration) yrs. 6 mos. ds.
which employed (or employer) BIRTHPLACE (State or country) Maryland	(Secondary) (Deration) (Deration) (Deration)
10 NAME OF John Hammond	(Signed) Join M. Mesty, M. D. Mig 23, 1914 (Address) 2 taguskown
11 BIRTHFLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GATE CAME Knodle	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother bath unic Knodle 13 BIRTHPLACE OF MOTHER (State or country) Wash los Mad.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
(Informant) Chat. D. Hummond	Where was disease contracted, if out at place of death? Former or usual residence.
(Address) Hagers beam thed	Bakersville Fillson aug 26, 1814
Filed 8-25-, 1914 Hoenry Davis	SKella Souman Hazus Town Ind.
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Caro duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 ds.; Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAT. V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.

state Very

RECORD

PERMANENT

County

V. S. No. 1.

1 PLACE OF DEATH	8288	(182)	/
WASHINGTON	_ 0		

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

Village or City HAGERSTOWN

(No. WASH. CO. HOSPITAL ___St:__3" Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

JOHN CLAUD MIDDLEKAUFF FULL NAME...

	PERS	ONAL AND STATISTIC	CAL PARTICULA	IRS	MEDICAL CERTIFICATE	OF DEATH
3 SE		WHITE	5 SINGLE, MARRIED, WIDOWED, ORDIVORGED TO	RAED.	DATE OF DEATH CLUY	(Day (Year)
6 DA	TE OF BIRT	ГН				11. ~ 1/
		OCTOBE!	,	, 1878.	that I last saw h Line alive on	lig 6, 1914.
7 AG	E			If LESS than	and that death occurred on the date state	ted above at 1 Pm.
	g-000a	35 yrs 10	mos8 ds.	1 day, hrs.	The CAUSE OF DEATH * was as follows	
(a)	Trade, profession		MAN	===	Jun Shotworms	of abdomin
(b)	General nature		LICE FOR	CE.	(Duration)	yrs. mos. ds.
981	RTHPLACE (State or co				Contributory Secondary	***************************************
	10 NAME O	F		7	(Signed)	mon ds.
ARENTS	11 BIRTHP OF FAT (State	LACE			State the Disease Causing Death, Cabars, state (1) Means of Injury;	or, in deaths from VIOLENT
PARE	12 MAIDEN OF MO	NAME	INE JACQU	JES	18 LENGTH OF RESIDENCE (FOR HOSPITA	
	13 BIRTHP OF MOT (State	LACE	YLAND.		At place in the of death yrs mos ds. State	
14 T	HE ABOVE	IS TRUE TO THE BES	T OF MY KNOW	LEDGE	Where was disease contracted,	
(informant) Ro	OBERT MIDDLE	EKAUFF		Former or usual residence.	
	(Address).	AVALON AT	VE.		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 File	8/1	9 ,1914 84	erry !	Davis	ROSE HILL CEMETERY	AUG 1914
				REGISTRAR	trar, 6 E. Franklin St. Balto Requesting V	HAGERSTOWN MD

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (%)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid pheumonia"); Lodar pneumonia; Bronchopneumonia, "unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for mallgcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by raincay trafficacci-dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For VIO-



S. No. 1.

ż

Filed 8/3/

state Very PHYSICIANS should of OCCUPATION IS RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 AGE should be UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH B.-Every item CAUSE OF important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

County June 1	9
ORIO, A	Registration Dist. No. 300
Village or City Thankson Tho.	St.; Ward) [It death occurred In a hospital or Institution,
2FULL NAME & Mina (lice Miller give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
** terrale ** COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 1 HEREST CERTIFI, I nat I attended deceased from 1914, to 8 / 1914, that I last saw has alive on 8 / 1914
TAGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at of P. m. The CAUSE OF DEATH* was as follows: Chronic Myorardites.
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Gontributory acut Indignation des
10 NAME OF FATHER Daniel Mullendre 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maiden Name OF MOTHER (MOTHER)	(Signed) Joseph (Address) Starte the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME MANY Blackley 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME MANY Blackley 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs mos ds.
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Traysburg Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

REGISTRAR

... 191 4 Chas. N. Hoffmaster

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinai meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can mus." "Old Age," "Shock," "Uraemia," "Weakness," theula," "Anacmia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgleai operation was undertaken. For viothre of the American Medical Association.) is less definite; avoid use of "Inmor" for malig-The contributory Aiways qualify all diseases resulting from Measles "Senile," ctc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.: (secondary or intercurrent) "Dropsy." "Exhaustlon," State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 0 3
VIllage or City Clear Strong (No Dill. 2 FULL NAME Catherine C.	St; Ward) [If death occurred I a hospital or Institution give Its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH 4 COLOR OR RACE 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORGIVORCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 that I last saw h 37 alive on 1914
Obout 46rs. mos. ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) 2 yrs. mos. ds. Gontributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Penne	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant). Grant Miller Spring RD 3 (Address) Clear Spring RD 3 Filed Aug 8th, 1914 David S. Miller	where was disease contracted, if not at place of death? Former or usual residence. 19 place of Burial or Removal April 20 Undertaker Address Address Address
REGISTRAR	Traus Brook Ca Clear Show

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of tungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 dx.; valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mallg The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:



MARGIN RESERVED FOR BINDING

S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classifled. should be UNFADING INK-THIS IS AGE carefully supplied. that It may be Important. See Instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms. DEATH in plain terms, B.ż

PLACE OF DEATH 8267 Inty Hashington Be or City Hear Fairbour (No.)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 5//

.St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Stillian Mun	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Acolor or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH ang 15, 1914 (Year)
8 D	(Month) (Day (Year)	that I last saw have alive on and gld 1914,
TA	GE It LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 10 P. m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work	(Duration) yrs mos 2 ds
	IRTHPLACE (State or country) Maryland 10 NAME OF FATHER 10 N. mm	Contributory Gente Rhen matte Polyantintia (Doration) yrs mos 6 ds. (Signed) M. Renchand M.
ARENTS	11 BIRTHPLACE OFFATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	*state the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
P/	13 BIRTHPLACE OF MOTHER (State or country) Marilfauld.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
	(Informant) EMP NO E THAT	Where was disease contracted, If not at place of death? Former or usual residenco.
16 FII	edung 16 1314 UM Reclice	20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) As examples: "Foreman," engincer, (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

pant neoplasms. Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL poritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as "Puerpenal septichac etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. calvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report 10



PHYSICIANS should state of OCCUPATION is very

Exact statement

OF Every Item CAUSE OF Important.

N. B.-

S. No. 1.

RECORD

1 PLACE OF DEATH

WASHINGTON County-



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

WILLIAMSPORT Village or Cay

VERMONT (No.

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MRS. DOROTHY TAYLOR PIERCE. 2FULL NAME

	PERSO	NAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
a _{si}	EMALE EMALE	4 COLOR OR RACE WHITE	5 SINGLE, MARRIED, WIDOWED, ORDIVOROED, (Write the wo	RIED	18 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
	ATE OF BIRTI	DECEMBE (Month)		, <u>/</u> 887.	that I last saw her allve on all J. 1914,
TA		26 yrs 7	mos23 ds.	if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6,30 pm, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION) Trade, profession rticular kind of wo) General nature o	ork	USE-WIFE		
bus	iness, or establich employed (or instance) IRTHPLACE (State or cou	employer)	LAND.	**************************************	Contributory Explanation yrs. f. mas. ds. Secondary
	10 NAME OF	WILLIAM	H. TAYLO	R	(Signed) LOSP Cichardron, M. D.
ARENTS	-	or country) MAR	YLAND.		State the Distance Nauscho Distrit, or, in deaths four Violent Causes, state (1) Manager of Manager and (2), whether condensate, Suicidal, or highlights.
PAR	12 MAIDEN OF MOT	HER MATILI	A WOLF		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 -		HER Country) MARY	LAND.		At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted.
	(informant)	GEO. W. TA		LEDGE	if not at place of death? Former or usual residence.
	(Address)	WILLIAMSE	ORT MD.		19 POLICE DE BUCIOS A MEMORIAL DATE OF BURIAL
16 Fil	ied Aug.	18,19146,	E. Rica	Kard	RIVER VYEW CEMETERY AUG. 21", 191. 20 UNDERTAKER ADDRESS C. M. SUTER & SON HAGERSTOWN MD
	V	74 >>1	ye with		TO THE DOLLAR OF MANAGEMENT MILE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," may be stated under the head of For vio-



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	1				REGIST

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 307

NAME Edwin Word	St; Ward) St; Ward) a hospital or institution, give its NAME instead et street and number.]
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Whate Single, MARRIED, WIDOWED, ORDIVERGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yvar) 17 1 HEREBY CERTIFY. That I attended deceased from
March 8, 1913 (Month) (Day) (Year)	Crug 8 , 191 4, to Crug 10 , 191 4, that I last saw him alive on Crug 10 , 191 4
It LESS than t day,hrs.	and that death occurred on the date stated above, at 6 a.m.
/ yrs. 5 mos. 2 ds. OR min.?	The CAUSE OF DEATH* was as follows:
or at home	+ Chest white bording
Industry, hment in ZVVL mplayer)	(Duration) yrs. mos. 2 ds.
"Washingto Co md	(Secondary) (Deration) yrs mos ds.
D. M. Reid	(Signed) a L Bleasing, M. D. , 191 + (Address) Lakland
HAME O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
Frace Kartzel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
ce ER untry) Washin Co Md	At place in the ot death yrs mos ds. State yrs mos ds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
2W Kaetzel	Former or usual residence
Sapland my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
, 191	20 UNDERTAKER TRANSPORT
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.

W. B. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return -Precise statement of secupa-"Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childhirth or miscarriage, as "Puraperal septicharetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head or "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch. If impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as valvulur heart disease; Chronic interstitial nephritim oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Nover report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Convulsions," "Debility" ("Con-__ (name origin; "Oan The nature of the "Exhaustion," Examples: For vio-



MARGIN RESERVED FOR BINDING

V. B. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Mashington 5	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 306
VIIIage or City Smithsburg (No. 180) * FULL NAME Henry lo- Re	St.; Ward) St.; St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Phile Single, Marrieo, Single Oroiverco (Write the word)	16 DATE OF DEATH CAG Month) (Day) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
Month) (Day) (Year)	that I fast saw here ally on aug 6 ,1914
7 AGE 23 yrs. 8 mos. 8 ds. If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 5 2 m. The GAUSE OF DEATH* was as follows:
(a) Frade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs, 6, mos. ds.
State or country) Swiths burg	(Secondary) (Doration) yrs mos 2 ds.
10 NAME OF FATHER PIM Riddlemores 11 BIRTHPLACE OF FATHER (State or country) Swithyburg 12 Maiden NAME OF MOTHER OF MOTHER	(Signed) , 1014. (Address) Specific Coursellate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Swithsburg 200	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs, mos, ds.
Informant) Famile Reddlemose	Where was disease contracted, If oot at place of death? Former or usual residence
Filed aug 8, 1914 J. N. Fengusons REGISTRAR	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PARTY PODRESS LED B. Hower Smith Land
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE, Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. Exau Accidental drowning; Struck by railwood trainchildbirth or miscarriage, as "Puerreral schtichae--Hart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. . Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



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Instruction

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ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.30 .. Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH MARRIED,_ WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day. hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which emplayed (or employer) BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuar; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) at death yrs. State __ Where was disease contracted. It not at place of death? usual residence

DATE OF BURIAL

Ilt death occurred in

(Year)

a hospital or institution. give its NAME instead at street and number. I

(Dav

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. mere symptoms or terminal conditious, such as "Asample: Meastes (disease causing death), 29 ds.; mia," "PUERPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Contributory." (Recommendations on statement of The contributory (secondary or interedirent) Always qualify all diseases resulting from " "Coma," "Convulsions," "Debility" ("Conmay be stated under the head "Dropsy," The nature of the "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

Village or City Grand Rande A	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death eccorred in a hospital or lostitution, give its NAME lostead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) 5 (Day) (Year) 1 day,hrs. ORmln.?	that I last saw h
a) Trade, profession, or alloyed by the particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or emplayer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Bumberland Ind 10 NAME OF FATHER Frank Otto 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Caud S. (Duration)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted, it out at place of death? Former or usual residence.
(Address) Big Spring MCL. 16 Filed On 1814 MB Hull REGISTRAR 11 more blanks are needed, address State Registrar	20 UNDERTAKER ADDRESS Constitution of Burial Aug

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative mealthful-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopncumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cercorospinal time and causation), using always the same accepted causing draff (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercufever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc.. Typhoid fover (never report "Typhoid Carcin-

> scpsis, tetanus) may be stated under the head childbirth or miscarriage, as "Puerperal septichacmus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver roound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:

tions answered in detail, it will prevent further correspondence. All the latte is essential and must be obtained before If this certificate is looked over thoroughly and all que-

the certificate is permanently filed.



PHYSICIANS should of OCCUPATION IS PERMANENT classified. P properly AGE pe UNFADING may certificate. carefully that 9 0 WITH back 60 PLAINLY, plain Instructions 5 DEATH WRITE 50 1 Item Every Item CAUSE OF Important. 80 ż

12 MAIDEN NAME

13 BIRTHPLACE

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OF MOTHER

OF MOTHER (State or country)

CE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in ..Ward) a hospital or Institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS DATE OF DEATH 5 SINGLE, MARRIEO, Sug WIDOWED. (Moyl (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE if LESS than occurred on the date stated above, at 1 day, hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country)

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

OR RECENT RESIDENTS) At place In the of death _____ yrs. ____ mos. __ _ ds. State _____ yrs. Where was disease contracted.

if not at place of death?

Former or usual residence

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of may be stated under the head of (secondary or intercurrent)



	ould state N is very	
RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	EXACTLY.	
PER	stated . Exac	
IS IS A	hould be	
INK-TH	f. AGE s properly	
DING	supplied may be	
CNFA	-Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it maimportant. See instructions on back of certificate.	
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3	Item E OF	
	CAUSI Import	
	Z.	

County of assungtow

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 300	Registration	Dist.	No. 30 (ø
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V	*FULL NAME Olive Pearl &	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	AcoloBOR RACE SINGLE, MARRIEO, MIDOWED, Lugle ORDIVORCED ORDIVORCED OWNER OFFICE ORDIVORCED OFFICE O	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1914, to assay 8, 1914, that Vlast saw held alive on assay 8, 1914
7 A	1 St Mos. 29 ds. OR Min. ?	and that death occurred on the date stated above, at 4.18 pm, The CAUSE OF DEATH* was as follows:
(a) pa (b) bus whi	Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in ich empioyed (or empioyer) IRTHPLACE tate or country) INDICATE A SHARING IN IN INTERPLACE (STATE OF FATHER (STATE OF COUNTRY) SMILLER DE STATE OF MOTHER WILLIAM SALVENTE SALVENTE OF MOTHER WILLIAM SALVENTE	(Signed) J. (Address) January (State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE)
15	OF MOTHER OF MOTHER Suittibung THE ABOVE IS TRUE TO THE BEST of MY KNOWLEDGE (Informant) (Address) Suittibung Mile (Address) Suittibung Mile (Address) Philips of My Knowledge (Address) Suittibung Mile (Address) Registran	At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL JUNIOLIST AND 19 14 19 19 19 19 19 19 19 19 19 19 19 19 19
	If more blanks are needed, address State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

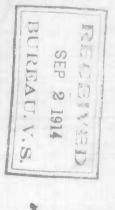
V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumenta"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

sucb, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. cblldbirth or miscarriage, as "Puerperal scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." -Heart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



V. S. No. 1.

N. B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1	PLACE OF DEATH 8275	
	51 - 1: -	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty Washington	317
	1 1 = 1/2	Registration Dist, No.
Vil	lage or City the gen lows (No. 118, Ca	Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
	2FULL NAME	psou
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	ale Colored Single, MARRIED Maries Colored Opposes, Opposes	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that last saw hear alive on lee \$ 5 1914
TAC		and that death occurred on the date stated above, at 3. p. m.
	7 2 yrs 9 mos 2 6 ds. 1 day, hrs.	The CAUSE OF DEATH* was as follows:
	CCUPATION	Trouc Brights Brease
pai	Trade, profession, or flicular kind of work.	
bus	General nature of Industry, iness, or establishment in	- Senkascen
Whi	ch employed (or employer)	(Duration) yrs mos os.
	RTHPLACE (State or country)	Secondary
	10 NAME OF	(Doraflon) yrs mos ds.
10	FATHER Martin Surpson	(Signed) Menal C. Calleus, N.D.
NT	11 BIRTHPLACE OF FATHER (State or country)	Cens 10, 1914. (Address) Vago stown lind
PARENTS	12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Ω.	Janus Smith	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	Af place In the of death yrs, mos, ds. State yrs, mos, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mrs Farry Swith	Fermer or
	(Address) Buffald W. Z.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	ed 8-11-, 1814 Herry Devis	A COLLULAR ADDRESS
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

Honsewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably genital," "Senile," etc.), "Dropsy," cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Accidental drowning; Struck by railway train-accitctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
SEP 5 1914
BURRAULV.S.

MARGIN RESERVED FOR BINDING

County Jakking Ton	CERTIFICATE OF DEATH
	Registered No. [if death occord a hospitat or Instiguents NAME to ef street and nomb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX France 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month) Day (Year 1 HEREBY CERTIFY, That I attended deceased in
(Month) (Day) (Year)	that I last saw h 24 alive on Quy 8 ,191
7 AGE tt LESS than 1 day,hrs. ORmin.?	The GAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession, or particular kied of work. (b) Generat outure of industry, business, or establishment in which employed (or employer)	Clarica Calarrhas Ecclerica (Duration) yrs. mos/t
9 BIRTHPLACE (State or country) Hagustown Md	(Secondary)
FATHER Martin & Smith.	(Signed) Jender (Address) Lageralain
11 BIRTHPLACE OF FATHER (State or country) Wash low had	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Suma K. Belever 13 BIRTHPLACE OF MOTHER M. J. J. A.	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place the the of death yrs, mes ds. State yrs, mes
(State or country) Mark Me. M. 14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Marking & Similar	Where was disease contracted, If not at place of death? Former or usual residence
224 Monte Lan. Hagustourhan 18 Filed 8/10, 1914 Houng Pains REGISTRAR	19 PLACE OF BURIAL OR REMOVALY DATE OF BURIAL Rose Hell Hagustian aug 10, 18 20 UNDERTAKER ADDRESS ALLY Server Hagustian
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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childbirth or miscarriage, as "Purepural septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgcause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Cen-Examples: For VIO-



No. 02

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St: Ward)

[If death occurred in a hospital or Institution, give its NAME instead of streef and number.]

MEDICAL CE	RTIFICATE C	F DEATH	
16 DATE OF DEATH	9.3.2.1 (Month)	(Day)	, 1914 (Year)
that I last saw h alive of	to Rue	attended des	, 1914, 1914
and that death occurred on the CAUSE OF DEATH * was		d above, at	/2) m
Contributory O Add	(Ouration)	yrs. "	nos. 14 ds
(Signed)	(Duration)	yrs n	nos 4 ds
*State the DISEASE CAUSI: CAUSES, state (1) MEANS O TAL, SUICIDAL, OF HOMICIDA	NG DEATH, OF, F INJURY; au L.	In deaths from	VIOLENT ACCIDEN-
18 LENGTH OF RESIDENCE (OR RECENT RESIDENTS) Af place of death	In the	. Institutions,	
19 PLACE OF BURIAL OR RE Suns Card Charce	1.0	DATE OF BE	
20 UNDERTAKER		ADDRESS	13

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who-have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciasuch, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-.genitai," "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEUAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstilial nephritis. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ is iess definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Seniie." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 dx.; Never report For vio



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

RECORD

PERMANENT

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-

1 PLACE OF DEATH

8278

WASHINGTON



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

HAGERSTOWN Village or City.

(No. 701 WASHINGTON AVE St; 3" Ward) [If death occurred in a hospital or institution, give its NAME instead

	²FULL N	AME ME	RS. CAROL	INE SOC	KS	of street and nomber.
	PERSONAL	AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE	OF DEATH
³ SI		OLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVONETO (Write the wo	W)	16 DATE OF DEATH CLIQUED (Month)	(Day (Year)
6 D	ATE OF BIRTH	JULY (Month)	9#	, 1835 (Year)	that I last saw h. 27 alive on	2019 7, 191 4. 2019 7, 1914
TA	ge 79) yrs. 1	mos8 ds.	it LESS than f day,hrs. ORmin.?	and that desth occurred on the date stat The CAUSE OF DEATH* was as follows	
(a)	CCUPATION) Trade, profession, or rticular kind ot work	HOUSE	-WIFE		(Fruly)	
bus	General nature ot indus ilness, or establishmen ich employed (or employ	t in www.m.m.	N 11 11 11		614. 1-	yrs mos ds.
9 B	(State or country)	GERMAN	IY		Contributory Secondary (Duration)	yrsds.
	10 NAME OF FATHER	ABRAHAM	WELLINGE	R	(Signed) MBM of	arson . H. A
ARENTS	of FATHER (State or cou	ntry) GERM	IANY		*State the DISEASE CAUSING DEATH, CAUSUS, state (1) MEANS OF INJURY, TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from Violent and (2) whether Accident
PAR	12 MAIDEN NAM OF MOTHER		RINE KECK		TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITA OF RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or cou	ntry) GEF	RIMANY	>-2014	At place in the ot death yrs mos ds. State	yrs, ds
	(Interment) MRS		IT OF MY KNOW	LEDGE	Where was disease contracted, it not at place of death? Former or usual residence	
16	(Address)	701 WAS	HINGTON	AVE.	ROSE HILL CEMETERY	AUG. 20" 191 4
	led 8/19	,191 <i>4 8</i>	suny !	Daves	C. M. SUTER & SON	ADDRESS HAGERSTOWN MB
		If more blanks	are nooded addre	age State Regis	strar 6 E. Franklin St. Balto Requesting V	C No. 1

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of State cause for Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1914
DURRENT, V. S.

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A	illy It	200
UNI	that	00000
H	be s	-
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PE	Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exi	managed the factions of their these
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statement

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No fif death occurred in -Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 3 SEX MARRIED, WIDOWED. (Month (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated/above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER Cuses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or countr 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos._ Where was disease contracted. If not at place of death?-Former or usual residence. DATE OF BURIAL (Address) 15 ADDRASS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mns," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," Never report cause for For vio-



0204	A.
PLACE OF DEATH 8280	STATE OF MARYLAND
11.0.	CERTIFICATE OF DEATH
County Washer agence	2117
	Registration Dist. No. 30
Village or City Segerstown (No. 303,	Ward) [If death occurred to a hospital or Institution, give its NAME instead of street and number.]
FULL NAME / CO / W	<u> </u>
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, NARAHED, Willowed	16 DATE OF DEATH ling 8 1914
Male W. WIDOWED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
June 22, 1859	, 191/, to Wif 7, 1914,
(Month) (Day) (Year)	that I last saw here allve on chig 7 ,1914
7 AGE If LESS than	and that death occurred on the date stated above, at 5 a m,
yrs. mos. \$ 6 ds. ORmio. ?	The CAUSE OF DEATH* was as follows:
yrs. mos. o ds. or mio.?	Chrome trast deseats (welver)
(a) Frade, profession, or	8
particular kind of work	
(b) General nature of industry, business, or establishment in	(Duration)
which employed (or employer)	Contributory Pulmmary Lamorage
9 BIRTHPLACE (State or country)	(Secondary) (Duration) 6 Autor max ds
10 NAME OF FATHER	(Signed) Da Christon Miller Mr
11 BIRTHPLACE	Que 8 , 191 4 (Address) Maron 4 Dixon
OFFATHER (State or country)	7
DF FATHER (State or country) Scotland 12 MAIDEN NAME	A State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Hors 6. 6. Dones	If not at place of death?
(Informant)	usual residence
(Address) 802 W Wash St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 9/01 2/	Sion Church Cem ling 10, 1914
Filed 8 - 1914 60 clary Lavis	20 UNDERTAKER ADDRESS
REGISTRAR	Thousen Brus 336 1/6.81.0

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUTEPTERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For vio-



ri. S. No.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD A PERMANENT stated EXACTLY. g carefully supplied. AGE should be si so that it may be properly classified. UNFADING INK-THIS IS See Instructions on back of PLAINLY, WITH of Information should the DEATH in plain terms. WRITE CAUSE OF Important.

1 PLACE OF DEATH 8281



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

[it death occurred in a hospital or institution,

*FULL NAME Seonge Otis	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Year) 18 DATE OF DEATH (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I issues h is a slive on and 2. 9 1914.
7 AGE 3 7 yrs / D mos 9 ds. OR min.?	and that death occurred on the date stated above, at 8.20 Q.m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, bed business, or establishment in	Larynger Tulesculveis
*BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Saae Tras	(Signed) The Court (Address) Herwork Me
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted,
(Interment) JA Tray	It not at place of death? Former or usual residence
Filed aug 29, 191 4 JOP SEUS Cicio	12 PLACE OF BURIAL OR REMOVAL SEVERS HOLL Country, C. Carg 30, 1910 20 UNDERTAKER M. FULLIUS VSon Haurock MA

If more blanks are needed, address State Registrary E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not pald Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. statement. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 1914
BUILLAG....3.

No. 702 , V

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8989	
PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
	Registration Dist. No. 316
Village or City MT. Biose (No.	St.; Ward) [it death occurred in a hospital or lostitution,
	give its NAME Instead
FULL NAME Suruas Buch	ton fours of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, AAN	18 DATE OF DEATH COLD : 23 1016
male White (White the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	July 30, 1914, to any 3, 1914.
(Month) (Day (Year)	that I dast saw h mallve on aug 2 , 1914
7 AGE It LESS than	and that death occurred on the date stated above, at
75- yrs mos 3 ds. OR min.?	The CAUSE OF DEATH * was as lollows:
8 OCCUPATION	acute Centro Spinal Mengetes
(a) Trade, profession, or Neturn tarmer	
(b) Generat nature of industry,	
business, or establishment in Relissed	(Duration) yrs. mos. 5 ds.
9 BIRTHPLACE (State or country) Foxville Fordenich Edu	Contributory Secondary
10 NAME OF	(Ouration) yrs mos ds.
FATHER Chaire Yours	(Signed). M.D. M. D.
11 BIRTHPLACE OF FATHER	aug 3 10194 (Address) Smuthsburg Md
(State or country) Anknown	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whather ACCURATE
of Mother Dan Sun Sun Sun Sun Sun Sun Sun Sun Sun Su	CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPIACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Musicalian	At place in the ot death yrs mos ds State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(informant) Dessie m Stottleuryen	Former or usual residence
(Address Sauty One	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Mont Brown and 4 1014
Filed aug. 3 rd 1914 J. H. Ferguson.	20 UNDERTAKER ADDRESS
REGISTRAR	Jemy mon Hours Shitle land
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary, may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be aused only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the first line will be sufficient, e. g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maigture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1914
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 347
FULL NAME anna B.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
O DATE OF BIRTH Sept 14 , 1851	that I last saw har alive on
TAGE G2 /O 27 1 LESS than 1 day hrs. mos. ds. ox min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry,	Cheule udy sotion and
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Wood Stock Sharadoo	(Secondary) (Duration) (Duration) (Duration) (Duration)
10 NAME OF Samuel Housemfl	(Sifted) (Cel Baff MD.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother of Mother of Mother of Mother	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	ot death
(Address) Frenkslein Md.	Here & Staves Date of Burial,
Filed aug 10, 194 Marie Rangerran	L'i Recker Funkolin
if more blanks are needed, address State Registrar, 0	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupaetc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many The question

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaegenital," Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 Examples: cause for 01



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(Address)

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should stand OCCUPATION PHYSICIAN RECORD PERMANENT EXACTLY. properly UNFADING liddus certificat 80 jo WITH back terms, 60 plain See Instructions Information = DEATH WRITE 0 Item OF mportant. Every Ite

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in Village or City -Ward) a hospital or lostitution. give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 19 WIROWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deseased from 17 mari DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 day.....hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration which employed (or employer) -----Contributory BIRTHPLACE Secondary (State or country) (Doration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE PARENT OF FATHER State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER SLENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ State _____ yrs. _ ds. 14 THE ABOVE IS TRUE TO THE

Where was disease contracted.

if not at place of death?

usoal residence 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

OWLEDGE

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) "Contributory." scpsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State childbirth or misearriage as "Puerperal septichaeetc, when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," cause for



state Very PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY classified. be should properly AGE pe supplied UNFADING may certificate. that 80 of pe back terms, should uo plain Instructions information ٥ P DEATH Sec 10 OF Item Every Item CAUSE OF Important. 0

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.4

[It death occurred Im a hospital or lostitution. give its NAME instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows:min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Doration)yrs....mos. 10 NAME OF FATHER (Signed) 11 BIRTHPLACE K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. AREI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ _ mos. _ ds. State _____ yrs, ___ Where was disease contracted. THE ABOVE IS TRUE it not at place of death? Former or usual residence REMOVAL DATE OF BURIAL (Address)...C 15 ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Kalto., Requesting V. S.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salcsman, For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



S. No. 1.

Exact statement of OCCUPATION is pinous PHYSICIANS PERMANENT stated EXACTLY. of information should be carefully supplied. ACE should be significant in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every Item of Information CAUSE OF DEATH in pial Important.

Very State

Washington

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Requesting V. S. No. 1.

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[if death occurred in

FULL NAME Donis Wil	a hospital or Institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
wale white Single, windowed. Write the word)	(Month) (Day (Year)
DATE OF BIRTH OCT /3 , 19/3 (Month) (Day (Year)	that I last saw hundlive on a le 1914
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 7.30 Q m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Choleaducentum, (Dutailón) yrs mos Z ds.
9 BIRTHPLACE (State or country) 9000 all	Secondary Secondary
I1 BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Address) *State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal, or Homicipal.
OF MOTHER MAY E Carlile 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted,
(Informant) W. W. Wolford	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) A A A A A A A A A A A A A A A A A A	Conney w, ba lug 3/, 191 4

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Bafto.,

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer statement. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman; (b) "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal scottichacthenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospifat or institution, give its NAME Instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Wisowes, Or Divorces (Write the word)	(Month) (Day (Year)
(Month) (Day (Year)	that that saw her allve on alf 82, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 11.30. Qm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Cholera Vufrutiene
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos. 2 ds.
9 BIRTHPLACE (State or country)	Secondary Secondary yrs
10 NAME OF FATHER Chas Z. Wood. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GOVERNMENT OF MOTHER STATES	(Signed) Land (Address) Causing Death, or in deaths from Violent
13 BIRTHPLACE	Causes, state (1) Means of Injury; and (2) Whether Accidential Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At hisce
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos. ds. State yrs mos. ds. Where was disease contracted, If nof at place of death?
(Informant) Mas & Wood (Address) Laguston Md	Former or usual residence
Filed 8/10 ,191 of Henry Process	Pare Will 710, 1914 20 UNDERTAKER Watkins Minmed Hay Md.
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weal ness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head State cause for Never report For vio-

